Fill in this informa	ation to identify your case:	
Debtor 1	Sueann Kominski	
Debtor 2 (Spouse, if filing)	Lon K. Kominski, Jr.	
United States Ba	nkruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number	5:18-bk-05198	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY
Schedule	e I: Your Income	12/15
Be as complete a	and accurate as possible. If two married people are filing together (Del	otor 1 and Debtor 2), both are equally responsible for

supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	☐ Employed	■ Employed
	attach a separate page with information about additional	Employment status	■ Not employed	☐ Not employed
	employers.	Occupation		Laborer
	Include part-time, seasonal, or self-employed work.	Employer's name		Bill Pykus Excavating, Inc.
	Occupation may include student or homemaker, if it applies.	Employer's address		1880 Great Bend Turnpike Honesdale, PA 18431
		How long employed th	nere?	9 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2,406.03

2,406.03

0.00

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 0.00 Calculate gross Income. Add line 2 + line 3. 0.00

Official Form 106I **Schedule I: Your Income** page 1

Case number (if known) 5:18-bk-05198

				For	Debtor 1		or Debtor on-filing s		
	Сору	r line 4 here	4.	\$	0.00	\$		406.0	
5.	List a	all payroll deductions:							
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		482.04	1
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.00	
	5e.	Insurance	5e.	\$	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	_
	5g.	Union dues	5g.	\$	0.00	\$		0.00)
	5h.	Other deductions. Specify:	5h.+	\$		+ \$		0.00	
6.	Add 1	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		482.0	
7.	Calcı	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	1,	,923.99)
8.	8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a. 8b.	\$_ \$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce	nt	· <u> </u>		•			_
		settlement, and property settlement.	8c.	\$_	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$		538.7	5_
	8e.	Social Security	8e.	\$_	0.00	\$		0.00	<u>) </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$		0.00	
	8h.	Other monthly income. Specify: Average tax refund	8h.+	\$_	323.67	+ \$		0.00	<u>)</u>
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	323.67	\$		538.7	75
10	Calcı	ulate monthly income. Add line 7 + line 9.	10. \$		323.67 + \$	•	2,462.74	= \$	2,786.41
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ. Ψ				.,402.74		2,700.41
11.	Includ other	e all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, you friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are no ify: Son's contribution	ur depend		•			<i>∃</i> . +\$	300.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certies						\$	3,086.41
13.	Do v	ou expect an increase or decrease within the year after you file this form	m?					Comb	ined ily income
		No.							

Yes. Explain: Male Debtor's work is seasonal.

Fill	in this info	ormation to identify y	our case:								
Deb	tor 1	Sueann Kon	ninski			Che	eck if this is:				
							An amended filing				
Deb	tor 2	Lon K. Kom	inski. Jr.				A supplement show	wing postpetition chapter			
(Spouse, if filing)						13 expenses as of the following date:					
Unit	ed States E	Bankruptcy Court for the	: MIDDL	E DISTRICT OF PENNSYI	_VANIA		MM / DD / YYYY				
	e numbe r nown)	5:18-bk-05198									
O ₁	fficial	Form 106J									
		ıle J: Your	Evnor	1606				12/15			
Be info	as compl ormation. nber (if k	ete and accurate as	s possible eded, atta ry questio	. If two married people ar ach another sheet to this				or supplying correct			
1.		joint case?	- IIOIU								
		Go to line 2.									
	Yes.	Does Debtor 2 live	in a separ	ate household?							
		■ No	•								
			st file Offic	ial Form 106J-2, Expenses	for Separate House	ehold of De	btor 2.				
2.	Do you	have dependents?	■ No								
	Do not li Debtor 2	ist Debtor 1 and 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not s	state the						□ No			
	depende	ents names.						☐ Yes			
								□ No			
								☐ Yes			
								□ No			
								☐ Yes ☐ No			
								□ Yes			
3.		expenses include	han	No							
	yoursel	f and your depende	ents?	Yes							
Par	t 2: E	stimate Your Ongoi	ing Month	ly Expenses							
exp		of a date after the		uptcy filing date unless y y is filed. If this is a supp							
				government assistance i							
	ficial Fori						Your exp	enses			
4.		tal or home owners ts and any rent for th		nses for your residence. I or lot.	nclude first mortgag	e 4.	\$	865.17			
	If not in	cluded in line 4:									
	4a. R	eal estate taxes				4a.	\$	0.00			
		roperty, homeowner'	s, or renter	r's insurance		4b.	·	0.00			
		ome maintenance, re				4c.	\$	0.00			
		omeowner's associa				4d.	\$	0.00			
_	A dditio	nal martagas navm	anta far w	aur racidanca, auch ac ba	ma aquitulaana		u.	0.00			

Official Form 106J Schedule J: Your Expenses page 1

		Kominski Kominski, Jr.	Case numb	per (if known)	5:18-bk-05198
6.	Utilities:				
0.		, heat, natural gas	6a.	\$	320.00
	•	ewer, garbage collection	6b.	\$	0.00
		e, cell phone, Internet, satellite, and cable services	6c.	\$	290.00
	6d. Other. Sp	pecify:	6d.	\$	0.00
7.		sekeeping supplies		\$	568.26
8.	Childcare and	children's education costs	8.	\$	0.00
9.	Clothing, laund	dry, and dry cleaning	9.	\$	60.00
10.	Personal care	products and services	10.	\$	30.00
11.	Medical and de	ental expenses	11.	\$	52.00
12.		Include gas, maintenance, bus or train fare.		•	400.00
	Do not include of			\$	180.00
		clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
		tributions and religious donations	14.	\$	0.00
15.	Insurance.				
		nsurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	0.00
	15a. Life insura		15a.	·	0.00
	15b. Health ins			\$	0.00
	15c. Vehicle in		15c.	\$	156.00
	15d. Other inst	· · ·	15d.	\$	0.00
	Specify:	nclude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.		lease payments: nents for Vehicle 1	17a.	c	0.00
	' '		17a. 17b.	\$	0.00 0.00
		nents for Vehicle 2		\$	
	17c. Other. Sp			\$	0.00
10	17d. Other. Sp	•	17u.	Ф	0.00
18.		s of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.		s you make to support others who do not live with you.		\$	0.00
	Specify:	,	19.		<u> </u>
20.	. ,	perty expenses not included in lines 4 or 5 of this form or on Sched		ur Income.	
		es on other property	20a.		0.00
	20b. Real esta	ite taxes	20b.	\$	0.00
	20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintena	nce, repair, and upkeep expenses	20d.	\$	0.00
		ner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	Auto maintenance and repair	21.	+\$	80.00
	Pet food	rate mamonanee and repair	_	+\$	75.00
	Chewing toba	arro		+\$	18.00
	Cigarettes			+\$	118.00
	Cigarettes		— _[-Ψ	110.00
22.	Calculate your	monthly expenses			
	22a. Add lines 4	through 21.		\$	2,812.43
	22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22	2a and 22b. The result is your monthly expenses.		\$	2,812.43
23.		monthly net income.			
	23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.		3,086.41
	23b. Copy you	ir monthly expenses from line 22c above.	23b.	-\$	2,812.43
		your monthly expenses from your monthly income. t is your <i>monthly net income</i> .	23c.	\$	273.98
24.	For example, do y modification to the	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your reterms of your mortgage?			ase or decrease because of a
	No.				
	☐ Yes.	Explain here:			